



# CENTRAL PIERCE FIRE & RESCUE (CPFR) APPLICATION FOR USE OF FIRE STATION MEETING ROOM

Organization name: \_\_\_\_\_ Contact person: \_\_\_\_\_  
 \_\_\_\_\_ Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 Emergency Contact Phone: \_\_\_\_\_

Room Requested: \_\_\_\_\_ Date of Meeting: \_\_\_\_\_  
 Purpose of Meeting: \_\_\_\_\_ Time: From \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_ Number of Attendees: \_\_\_\_\_

Y N

- Will any admission or tuition be charged?
- Will there be any sales (profit or not for profit)?
- Will children be present? If yes, number of children \_\_\_ and adult-to-child ratio = \_\_\_
- Is this meeting for election or campaign purposes?
- Is this meeting a fundraiser?

### **HOLD HARMLESS / INDEMNIFICATION AGREEMENT**

The undersigned hereby makes application for use of District facilities described above and certifies that the information given in the application is correct. The undersigned further states that he/she has the authority to make this application for the applicant and agrees that the applicant will observe all rules and regulations of the District. The applicant agrees to exercise the utmost care in the use of said premises and property, and shall be responsible for any and all damage to the District's premises and property and shall be responsible for all actions, behavior and damages caused by their guests/attendees. The District is not responsible for accidents, injury, illness or loss of group or individual property. THE APPLICANT AGREES TO HOLD CENTRAL PIERCE FIRE & RESCUE HARMLESS AND DEFEND IT FROM ANY AND ALL CLAIMS BY ANY PERSON ARISING FROM USE OF SAID FACILITIES. THE APPLICANT FURTHER AGREES TO REIMBURSE CENTRAL PIERCE FIRE & RESCUE FOR ANY DAMAGES ARISING FROM THE APPLICANT'S USE OF SAID FACILITIES. **I have read, understand and agree to abide by the District's *Public Meeting Room Guidelines*. Initials: \_\_\_\_\_.**

Date: \_\_\_\_\_ Signature of applicant: \_\_\_\_\_  
 \_\_\_\_\_ Office Use Only \_\_\_\_\_

*For Office Use Only*

\_\_\_ Approved  
 \_\_\_ Denied

Date: \_\_\_\_\_ by \_\_\_\_\_

Posted to Master Calendar: _____
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